

REQUIREMENTS & INSTRUCTIONS - SOCIAL WORKER LICENSE APPLICATION

Access this form via website at: www.state.hi.us/dcca/pvl

Please note: This application is to obtain the "**Licensed Social Worker**" (LSW) license and is not for the "Clinical Social Worker" (CSW) designation.

On June 13, 2001, the Governor enacted Act 229, which enables a Hawaii licensed social worker (LSW) to apply for the "Clinical Social Worker" or "CSW" designation. The "CSW" designation is a special privilege and requires that you maintain the LSW license in Hawaii. To receive an application for the "CSW" designation, please contact the Licensing Branch at (808) 586-3000 or you may download one from our website.

LICENSING REQUIREMENTS

To be licensed, an applicant shall meet the necessary qualification requirements as identified below:

1. **Holds a master's degree** from a college or university in a social work program accredited by OR deemed to be equivalent to an accredited program by the Council on Social Work Education;

OR

Holds a doctoral degree in a social work program from a college or university accredited by the Western Association of Schools and Colleges or a comparable regional accreditation body.

AND

2. **Pass** the intermediate, advanced or clinical written national examination administered by the Association of Social Work Boards (ASWB)

APPLICATION FORM

Complete and sign the attached application using a typewriter or print legibly in dark ink. Answer all questions. If an item is not applicable, indicate "N/A".

Incomplete and/or irregular applications will not be accepted and will be returned with a deficiency notice.

EDUCATION DOCUMENTS REQUIRED

Attach or arrange to have the Registrar or Admissions Office of your school send directly to us an official transcript indicating your degree and major.

EXAMINATION REQUIREMENT

FOR APPLICANTS WHO HAVE ALREADY PASSED THE REQUIRED EXAMINATION:

- Attach or arrange to have sent directly to us an official verification of your test results from the ASWB.

To obtain verification of passing the ASWB examination and any fees involved; call ASWB at 1-(888) 579-3926 or write to:

ASWB
P.O. Box 1508
Culpeper, VA 22701

Original documents are required. Copies are not acceptable.

FOR APPLICANTS APPLYING TO TAKE THE ASWB EXAMINATION:

In Hawaii, electronic testing is provided year-round on Oahu only and is administered by ACT, Inc.

- Submit the non-refundable application fee of \$60 with your application.
- After it has been determined that you are eligible to sit for the exam, you will be mailed the ASWB Candidate Handbook which includes the registration. Complete the registration form and mail it directly to ASWB with the examination fee. You may register for the intermediate (minimum), clinical or advanced level. Your eligibility is good for one (1) year.

Please allow at least three (3) weeks before inquiring about the status of your application.

A copy of the ASWB Candidate Handbook containing all the information which candidates need to register and schedule an appointment is available at www.aswb.org or contact the Association of Social Work Boards at 1-888-579-3926.

- Upon passing the examination, you will be required to pay the appropriate licensing fees.

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LICENSE FEES

For applicants who have already passed the examination, pay the following applicable fee with the application:

If applying for license in the first year of the triennium,
(7/1/01 to 6/30/02), pay \$317
(Application-\$60* + License-\$100 + Compliance Resolution Fund-\$105 + 2/3 renewal-\$52)

If applying for license in the second year of the triennium,
(7/1/02 to 6/30/03), pay \$256
(Application-\$60* + License-\$100 + Compliance Resolution Fund-\$70 + 1/3 renewal-\$26)

If applying for license in third year of the triennium,
(7/1/03 to 6/30/04), pay \$195
(Application-\$60* + License-\$100 + Compliance Resolution Fund-\$35)

* Application fee is not refundable.

Make check payable to: **Commerce and Consumer Affairs.**

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs.

Note: *One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

ABANDONMENT OF APPLICATION

Your application may be considered abandoned and may be destroyed, if, after 2 years, you fail to provide the Board evidence of your efforts to complete the licensure process.

MAILING ADDRESS

Mail complete application to:

*Social Workers License
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801*

or

Deliver to office location at:

*1010 Richards St., 1st Floor
Honolulu, HI 96813

Phone: (808) 586-3000*

TRIENNIAL RENEWAL

All licenses regardless of issuance date, shall be renewed triennially on or before June 30, with the next renewal occurring on June 30, 2004. Failure to renew a license shall result in a forfeiture of the license. It is the responsibility of the licensee to inform the Department in writing of any name or address change.

LAWS & RULES PUBLICATION

Chapter 467E, HRS, provides for the regulation of social workers in Hawaii. A copy of the Social Worker law is available for 50¢ and may be purchased by submitting a written request to: Cashier, Commerce & Consumer Affairs, P.O. Box 541, Honolulu, HI 96809. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act may be purchased separately for 75¢. Indicate the specific chapter in your request.

The laws are also posted on our website at: **www.state.hi.us/dcca**. Look under "Obtaining Information".

APPLICATION FOR LICENSE - LICENSED SOCIAL WORKER

Before completing this form, read the information and instructions for filing.

Name (First-Middle)		(LAST)
Residence Address (Include apt. no., city, state & zip code)		
Mailing Address ONLY if different from above:		
Social Security No.	Other Names Used	Phone No. (Days)

FOR OFFICE USE ONLY

License No.	Eff. Date:
LSW -	

EDUCATION	Name & Location (city/state) of College/University	Course of Study	Dates (mo/yr)		Degree Earned
			From	To	

- 1) Are you at least 18 years of age?
YES
NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?
YES
NO
- 3) Are you licensed in another state?
YES
NO
- 4) Has any license ever been suspended, revoked or otherwise subject to disciplinary action?
YES
NO
- 5) Are there any complaints or disciplinary actions pending against you?
YES
NO
- 6) Have you ever been convicted of a penal crime directly related to the profession in which you are applying for licensure and where there has not been any order annulling or expunging the sentence or sanction?
YES
NO
- 7) Have you passed the national exam given by the Association of Social Work Boards?
YES
NO

(For questions 4, 5, and 6, explain any "YES" responses on a separate sheet.)

Affidavit of Applicant:

I hereby certify that the answers and statements contained in this application and on the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (*Chap. 467E, Hawaii Revised Statutes*), and/or grounds for criminal prosecution (*Sec. 710-1017, Hawaii Revised Statutes*). I further certify that I have read, understand, and shall obey all laws pertaining to Social Workers.

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Appln	680	\$60
Lic	681	\$100
CRF	686	\$35/70/105
Renewal	682	\$52/26
Service Fee	BCF	\$15

**LICENSING BRANCH
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

To receive confirmation of your license, fill in your name and mailing address in the block below on the "Notice of Licensure" form.

When completing address, use the abbreviations St, Ln, Ave, Apt, Rm, or Ste. Do not use # signs, periods, or commas. The city name must be spelled out in full with zip code, after the two-letter state abbreviation. This confirmation will take 3 weeks to process. The license card will take about 4 weeks to process.

NOTICE OF LICENSURE

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

This is authorization to act as a **LICENSED SOCIAL WORKER** until such time that a license is processed.
THIS AUTHORIZATION IS VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OF THE PROGRAM.

Fill Name & Mailing Address in Block Below:

License No. LSW - _____
Effective Date _____
Expiration Date 6/30/_____

Executive Officer